

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8898	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name CHARLES MACHADIO P O Box Bldg Room No if any RM #12A Street NYC TERMINAL MKT City BRONX State NY ZIP Code + 4 10474	4 Name file number and address of labor organization Name IBT LOCAL 202 Labor Organization File Number 006719 P O Box Building and Room Number if any RM #12A Street NYC TERMINAL MKT City BRONX State NY ZIP Code + 4 10474
5 Position in labor organization VICE PRESIDENT / BUSINESS AGENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ _____ _____ 7 b Amount _____ _____ _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Charles Machado</u>	On <u>8-10-05</u>	<u>(718) 328-7000</u>
	Date	Telephone Number

Name of Person Filing CHARLES MACHADIO	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name UNITED TEAMSTER FUND Trade Name if any _____ P O Box Bldg Room No if any _____ Street 2137-2147 UTICA AVE City BROOKLYN State NY ZIP Code + 4 11234	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name AMALGAMATED BANK Trade Name if any _____ P O Box Bldg Room No if any _____ Street 15 UNION SQUARE City NEW YORK State NEW YORK ZIP Code + 4 10003	14 a Nature of payment BUSINESS LUNCH WITH POTENTIAL VENDOR
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$70.00

Name of Person Filing CHARLES MACHADIO	File Number U
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8 Name and address of Business (including trade name if any) Name UNITED TEAMSTER FUND Trade Name if any _____ P O Box Bldg Room No if any _____ Street 2137-2147 UTICA AVE City BROOKLYN State NY ZIP Code + 4 11234	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MAGNA - CARE Trade Name if any _____ P O Box Bldg Room No if any _____ Street EAST GATE BLVD City GARDEN CITY State NEW YORK ZIP Code + 4 11530	14 a Nature of payment DINNER WITH VENDOR _____ 14 b Amount of payment \$175.00-
13.b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing CHARLES MACHADO	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name UNITED TEAMSTER FUND Trade Name if any _____ P O Box Bldg Room No if any _____ Street 2137-2147 UTICA AVE City BROOKLYN State NY ZIP Code + 4 11234	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ <hr/> 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ <hr/> 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name COMPREHENSIVE SERVICES Trade Name if any _____ P O Box Bldg Room No if any _____ Street 11 HANOVER SQUARE 8TH FL. City NEW YORK State NEW YORK ZIP Code + 4 10005	14 a Nature of payment. LUNCH WITH VENDOR <hr/> 14 b Amount of payment. \$60.00-
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing

CHARLES MACHADIO

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

UNITED TEAMSTER FUND

Trade Name if any

P O Box Bldg Room No if any

Street

2137-2147 UTICA AVE

City

BROOKLYN

State

NY

ZIP Code + 4

11234

9 Business deals with

☒ a Labor Organization☒ b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

NY CAPITAL ADVISORS, LLC

Trade Name if any

P O Box Bldg Room No if any

Street

80 ORVILLE DRIVE

City

BOHEMIA

State

NEW YORK

ZIP Code + 4

11716

14 a Nature of payment

BUSINESS DINNER WITH
POTENTIAL VENDOR13 b Is the Business an Employer ☒or Consultant ☐

?

14 b Amount of payment

\$ 80.00-